U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only		
READ THE INSTRUCTIONS CAREFU	LLY BEFORE PREPARING THIS REPORT.]
E S Roc'd A		1
NIG17205		
1. File Number U- 033-178. 18054	2. Fiscal Year Covered From:	
	07 / 01 / 2004 Throug	h: 06 / 30 / 2005
3. Name and address of person filing.	4. Name, file number, and address of labor organization.	
Name D. Michael Doolan II	Name UA Plumbers Local 63	
	Labor Organization File Number 033-1	78
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any	
Street 405 Gillman	Street 116 Harvey Court	V 5 - 7 - 1 - 1
City Washington	Gity East Peoria	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
State IL ZIP Code + 4 61571	State II.	ZIP Code + 4 61611
5. Position in labor organization. Financial Secretary - Treasurer		
	14. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	10 10 10 10 10 10 10 10 10 10 10 10 10 1
		
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Name of Person Filling D. Michael Doolan II	File Number U. 033-178
B. Held an interest in or derived income or economic benefit with monetary vesubstantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is acti (2) any part of which consists of buying from or selling or leasing directly or incidealing with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or lirectly to, or otherwise
8. Name and address of Business (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City	9. Business deals with: a. Labor Organization b. Trust c. Employer
State ZIP Code + 4 1 0. If 9.b. or 9.c. is checked give trust or employees name.	1 1.a. Nature of such dealing. Reimbursement for attending Instructor Training Program in Ann Arbor MI,
Name Plumbers Local 63 Education Trust Trade Name, if any: P.O. Box, Bldg., Room No., if any Room 108	August 2004 Mileage \$337.50 Per Diem \$525.00
Street 400 NE Jefferson St	1 II.b. Approximate dollar value of such dealing. \$862.50
City Peoria	12.a. Nature of interest held or income received.
State IIL ZIP Code + 4 61603	
	12.b. Amount.
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City	
State ZIP Code + 4	
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.